Standard Form No. 1004—Revised by Comptroller General, U. S. Approved For Release 2002/06/10 CIA-RUP64 00360R000 September 7, 1960 (Gen. Reg. No. 51, Supp. No. 11) (Amended February 20, 1952) U. S. Cost Reimbursable								PAID BY			
(Department, bureau, or establishment)											
Voucher prepared at(Give place and date)						Te	SAPC 5360				
THE UNITED STATES, Dr.,		Payee's Account No858						COPY / OF 3			
0			(Payee)				- <i>*</i>				
			(City)		(State)						
	(Add	ARTICLES OR SERVICES				UNIT PRICE		AMOUNT			
No. and Date of Order	Date of Delivery or Service	(Enter description schedule, an Discount Terms	d other information	deemed nece	ssary)	QUANTITY	Cost	Per		Cts.	
		Fixed Fee							5,483.	70	
AYMENT:								-		-	
Partial Final		Use	continuation sheet(s)	if necessary					5,483	70	
Shipped from		to	Weight	Govern	nment B/L No	ayee must No	OT use this	Total space)	2,402		
Оперио		ct and just and that pa	wment has not been	received.	1						
I certify that the	above bill is corre	ect and just and that pe	.,		Diffe	ences				1	
	Above bill is corre	(Sign original only			Differ	ences					
STA									5 483	70	
STA					billa) A	nount verified	l; correct fe		5,483	70	
Date	TINTL	(Sign original only)		billa) A		l; correct fo			70	
Date Per	ATINTL Alol	(Sign original only) Re	:q. No.	billa) Ai	nount verified	l; correct fo	or		70	
Date Per Contract No. Pursuant to auth	ATINTL Alol	(Sign original only) Re	:q. No.	billa) Ai	nount verified ignature or in Date	l; correct fo	or 174 Invoice Rec		70	
DatePer	ATINTL Alol	(Sign original only) Re	eq. No. roper for payı †	billa) Ai	nount verified ignature or in Date	l; correct fo	or 174 Invoice Rec		70	
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Date Per Contract No. Pursuant to auth	ATINTL ALOL ACTING OF	(Sign original only Date p, I certify that this acc	Recount is correct and provided the correct an	eq. No. roper for payı † T	ment. (S	nount verified ignature or in Date	l; correct fo	Invoice Rec	1. 2 <i>3/56</i> TATINTL	70	
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